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Communications.

THE ELEVATED RAILROADS OF NEW YORK CITY AS A DETRIMENT TO HEALTH.

Read before the New York County Medical Society, September 27th, 1878,

BY WORTHINGTON MYERS, A.M., M.D.,

Of New York City.

Mr. President:—I have carefully read the petition in relation to the noise caused by the Metropolitan Elevated Railroad. I am free to say that the statements contained in said petition are in accordance with the result of an experience of eighteen years' practice, eleven of which have been devoted (in a measure) to the study of the nervous system and the diseases pertaining to it, their causes, etc.

I admit that noise of any description is at first disagreeable, even to those in good health, but how much more so, and even injurious, does it prove to those ailing, or if I may be allowed the expression, of an "hyperæsthetic temperament."

I also admit that it is an established fact that the nervous system becomes (in some cases) habituated, as it were, to sounds that at first seemed almost intolerable; but I am also free to assert that the noise or sounds produced by the running of trains on these roads is of that continuous jarring character which will eventually cause among those residing within its vicinity that degree of impoverishment of brain and nerve tissue which, while it is less perceptible in its immediate effects than sudden shock, is far more serious in its ultimate results.

I also consider it liable to produce certain changes in the natural state of the microscopic molecules of which the nerve substance is composed, whereby their healthy balance is lost and the proper generation of nerve and muscle currents interfered with. This state of disarrangement is known as molecular perturbation. Now, in my opinion, this is exactly what will be produced in those subjected to the noise of these roads, and will produce in them that artificial induction of these perturbations which will give rise to all the symptoms of nervous exhaustion, and engender a reduced condition of constitution, in which proneness to severe nervous affections is one of the most prominent as well as most serious defects; and if continued for any time, will set up all the symptoms of dementia, hysteria, dyspepsia, melancholia, chorea, etc. Now this class of affections are entirely due to these artificially induced perturbations, caused by this rapid succession of shocks, this jarring to and fro, and are entirely and totally distinct from the true dynamic reactions which, in the healthy molecular condition of the nerves, are produced in them by the ordinary exigences of existence.

I have been consulted by persons residing along the line and in the vicinity of these roads, engaged in various occupations during the day, and with scarcely a single exception they have complained of insomnia, headache, disrelish of food, etc., which symptoms have only manifested themselves since the running of the cars on these roads.

Now, as every effort of the mind and every action of the body involves the necessity for a discharge of nervous force—much as a Leyden

jar discharges its charge of electricity—and as every continuous exercise of the faculties requires a continuous succession of such discharges, it follows that as the generation of nerve force is produced by the act of nutrition (that is to say, that the establishment of a nutritive molecule and removal of an effete one, sets free a modicum of electricity, which, joining others, supplies the current), such process must keep pace with the discharges; hence bodily or mental exertion—be the calling what it may, professional, merchant, clerk, or seamstress—requires rest during the hours allotted for relaxation, which it is impossible to obtain in the neighborhood or along the line of these roads.

As loss of sleep is the most constant and distressing symptom in many nervous affections, its relief is one of the first effects appreciated by the patient. The importance of this fact can scarcely be overrated. Sleep is food for the nerves; its presence facilitates a ready adjustment of the molecular balance, a disturbance of which is the primary cause of nervous exhaustion, and all the conditions which follow in its train.

To such as have consulted me, I have given a warning that the early symptoms of insufficient nerve force and molecular perturbation in some of the nervous centres, are manifesting themselves, and that they will drift into a condition which will eventually undermine their mental and bodily powers, unless they turn the warning to good account, viz., *by changing their locality*. I have found the urine of these patients, in some cases, phosphatic, in others slightly charged with lithates, indicating clearly impoverishment of brain and nerve tissue, involving, in two instances, deficiency of elementary matter and disturbance of molecular balance.

What does this condition indicate? To my mind it is clear, viz., waste and malnutrition of brain and nerve substance, involving reduction in the power of or partial suspension of the healthy nerve currents, the presence of which is absolutely necessary for the proper performance of organic functions, and the anomalous feelings of these patients are true sensations, the jarring vibrations given off by a defective nerve current, like the broken wire of a stringed instrument.

It has been asserted that the nervous system soon becomes habituated to sounds that at first seemed almost intolerable, or, in other words, that persons residing along and in the vicinity of these roads would gradually become accustomed to the noise, so that no detriment to health or otherwise would accrue. Now some accept this as a *truism*, and are led to believe that it is only the effect of sudden shock, which produces severe, or in fact any form of mental or nervous disorder. To all such I say, let them reflect that as the continuous dripping of a few atoms of water on the hardest stone will eventually wear it away, so will the *slow* but *sure* influence of this noise prematurely wear away the nervous tissues, produce degeneration of the minute nervous structures, and induce all forms of neurotic disease, including cerebral softening itself. And this is the class with whom the neurasthenic constitution will originate, to be left as a legacy to their children, and their children's children.

ANASARCA COMPLICATING PREGNANCY—FELON.

BY J. G. BULLOCH, M.D.,
Of Morrison Mills, Florida.

I present to your notice an interesting case of anasarca complicated with pregnancy. I was called to see Mrs. ——, and found her suffering with abdominal dropsy; there was considerable œdema of the lower extremities. She was also pregnant. What was to be done in a case like this: a poor woman, deprived of the necessities of life; surely it was a bad outlook for her; but I began prompt treatment, and accordingly prescribed a diuretic of sulphate of magnesia and bitartrate of potassa, eight ounces each, a teaspoonful three to four times per diem, and increased the dose to a tablespoonful every hour. From time to time throughout, to promote rest, I gave her opium and extract hyoscyamus, the latter in itself a laxative and diuretic. I also gave her tincture of iron, and pills of Vallett's mass, nux vomica and gentian, to strengthen the system and reduce the excessively anæmic condition of the blood vessels and tissues. Her liver and spleen were much enlarged; no trouble about the heart. The discharges were watery. She continued in this state for some time, under the above treatment, for I did not care to bring on labor, nor did I expect any improvement until she gave birth to the fœtus. When I was away one night she gave birth to a fully developed child, born dead. There was no hemorrhage

to speak of, and the os possessed but little elasticity.

The treatment was continued the same as before labor, though I subsequently left off the sulph. magnesia, and gave powdered squills and bitart. potassa. As no great relief accrued from the diuretics it was thought best to perform abdominal paracentesis. After putting on the bandage, I introduced the trocar and canula and evacuated about a quart or more of water. I must have introduced the instrument fully one and a half inches before I could penetrate the cavity of the abdomen, so thick were the abdominal walls. I had forgotten my adhesive plaster, and had to make use of a piece of porous plaster, which soon came off, leaving the water free egress. I concluded not to put on any plaster at all, but let the bandage suffice; and thus did this case continue, with the fluid dripping, for two weeks, with nothing to cover the orifice except a piece of lint. There was no peritonitis, but rather an improvement, as the water began to disappear from the lower extremities and abdomen. I continued the diuretics. The fluid left the lower parts and accumulated in the right shoulder and arm, which became hot and painful, erysipelatous in character. I ordered poultices, which acted like a charm, and to-day the woman walks about, not well, tis true, but with the swelling gone, "the shadow of her former self." The swelling of her feet troubles her at night; she has some headache and an anæmic murmur at the heart; but I trust, ere long, she will fully regain her health, for she is vastly improved and would scarcely be taken for the same person. I have had another such case, which was not so fortunate; she gave birth to a four or five months' child; and sent for me too late to be of any service. In both cases I lay the prime cause to the continuous exposure to malaria, which weakens the system and unfits the liver and spleen to perform the duty which nature imposes upon them. I made no examination for albumen in either case, but did so in another one, and found no trace of kidney affection.

I would also add a short history of a case of bone felon. I was sent for to see a young fellow with a bad case of ulcerated finger, and found him so nervous as to require chloroform before he would let his finger be lanced. I saw but little encouragement to give him, as to whether his whole finger could be saved. I lanced the finger deeply and well, along its whole course, and ordered a warm poultice. Attention was paid to the state of the bowels, Dover's powder administered, to promote rest, cinchonidia, for fever, iodide potassa and iron, for blood.

While at the Roper Hospital, one day, in Charleston, S. C., I observed the case of a man whose hand I saw but little hope of saving, as the pus was burrowing all through the tissues, but Prof. Porcher had ordered his hand kept in tepid water all the time, by means of a vessel filled with water, above which was a frame, from which hung a cord which held the hand in such a position as to keep it slightly under the water. Recovery of hand. I had my patient's hand suspended in somewhat the same manner, with poultice on the finger, which had the double advantage of keeping the poultice warm all the time, and for nearly two days and the same number of nights was the water kept warm; the poultice was not on all the time, but the hand was kept immersed for the time mentioned above. Of course, no bacteria, to speak of, could get to the wound from the air, and in a measure the water might be said to act as an antiseptic. I found the water to cause the skin on the whole hand to die and shrivel, but no other trouble. The water acted well upon the wound; I then ordered solution chloride of soda, and the young fellow's finger was saved. I neglected, at first, to put a splint on the finger, and consequently, some contraction of tendons ensued, but by constant stretching of the tendons his finger is regaining its original position, and is of good use to him.

URINARY FISTULA RESULTING FROM AN OPERATION OF LITHOTOMY FOURTEEN YEARS PREVIOUS—SPONTANEOUS EXIT OF A STONE FROM THE FISTULA, WEIGHING TWO OUNCES.

BY F. H MILLIGAN, M.D.,
Of Wabashaw, Minn.

James R., aged twenty-two years, was referred to me by the County Commissioners, for admission to the County Hospital, in January last. I examined the case, and found what I thought was a stone, just posterior to the scrotum, from which issued urine, more than twice as much as came from the natural passage. The patient informed me that fourteen years previous, in New York City, when at the age of

eight years, he was cut for a stone. The cicatrix of a bilateral operation was apparent. About two years previous to coming under my charge he fell from a ladder and ruptured his perineum. A large abscess formed and opened, from which he recovered sufficiently to do work on railroads. Last December he had to abandon his work, and was confined to the house and bed all winter. The day after I saw him first, in January last, I was hastily summoned to a farm house where he was temporarily reposing previous to his admission into the County Hospital. When I arrived at the bedside of the patient I found he had passed a urinary calculus weighing two ounces. The poor fellow was highly delighted when I informed him that his testicles were all right, he thinking the calculus was one of his own stones, as he expressed it. The calculus I herewith enclose.

My theory of the case is this: when the operation was performed on this person, fourteen years ago, some portion of the calculus was overlooked. Being small, it impacted itself in the urethra. The fall dislodged it, and its descent to the posterior portion of the scrotum was the effort of nature to get rid of the foreign substance. The cavity from which the stone came indicated that it had been in that locality for some time, as it was lined with a dense, hard, cartilaginous substance.

The operation to close the fistula was performed at the Wabashaw County Hospital. I was assisted by Drs. Stone, Low and Tacker; there was also present Mr. Washburn, a medical student from Indiana.

Ether was administered, and the patient brought to the edge of the table and secured in the usual manner. A lithotomy staff was introduced and the fistula probed by all the physicians present. A fistulous opening was found to be nearly continuous with the urethra from the point of exit posterior to the scrotum, about half an inch at the prostated portion, and growing nearer as the fistulous canal entered the bladder. A director was inserted into the fistulous canal and the groove in the staff was formed, when a slight puncture was made into the urethra, and a bistoury, blunt at base and point, was introduced. All the tissue between the staff and director was divided, in to the bladder, and the hard, calculous substance removed.

The wound was sewed up, a catheter placed in the bladder, and retained twenty hours. The case progressed finely. About the fifteenth day the fistula was perfectly healed.

No catheter was introduced after the operation. And the patient was discharged, cured, in eight weeks.

To Dr. Stone and the other medical gentlemen who kindly assisted me I am under many obligations, especially for their advice in the after treatment of the case.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROFESSOR GROSS, OCTOBER 5TH, 1878.

Elephantiasis of Inferior Extremity.

GENTLEMEN—This young girl, Annie T., nineteen years of age, presents for our consideration a marked condition of disease of the left lower extremity, extending up on the thigh. She is a domestic; has always resided in this country, and does not know of any of her acquaintances or relatives having suffered from a similar affection.

Four years ago she noticed that the left foot was swollen and thickened, but there was no pain attending the enlargement, nor was the skin discolored. Gradually this swelling increased, and extended up the leg, the disease being better in the winter than in the summer.

You see before you this enormous mass. The left leg is twice as large and heavy as the sound one; the skin hangs in folds over the dorsum of the foot. There is considerable heat of the skin here, which is perceived at once by placing my hand over the part, showing great activity of the circulation and nutritive processes, and proving that there is an increased amount of nervous force, as well as capillary congestion. Above the left ankle the leg measures eighteen inches, the right nine and three-eighths inches; around the middle of the left calf twenty six and three-quarters, but only sixteen and a half around the right.

This is a case of great interest, not only from the pathological condition which it presents, but more especially from a practical point of view. Some of you recognize the affection at once as a case of so-called elephantiasis arabum. Rare in this country, it is more frequent in Asia, in Persia, in Africa and the East, particularly in China and Japan. It is also common in the West Indies, from whence it receives the name of Barbadoes Leg.

In some of the countries I have named the disease is by no means uncommon, but in the United States it is rarely encountered. It affects both sexes, but is more frequent in the male, generally making its appearance between

the age of puberty and forty-five to fifty. Although it may affect any portion of the body, it generally exhibits a preference for the lower extremities, either one or both of which may be involved in its course, beginning not uncommonly in the feet and then extending upward. Occasionally, it occurs in the labia, clitoris, and in the genital organs of the male. Sometimes the scrotum is increased to an immense mass without affecting the testes. I have a specimen in the Museum of the College weighing forty pounds, which was removed from the genital organs of a negro, by Dr. Bozeman, of New York, who kindly presented it to me. Clot-Bey operated upon a similar case, for a tumor weighing one hundred and ten pounds. There is a specimen in a museum at Montpellier, France, weighing one hundred and sixty pounds.

This affection occurs more particularly in warm countries, and generally comes on without assignable cause. In many cases it is attributed by the patient to suppression of the cutaneous perspiration, from exposure to cold or wet. A circumstance in proof of this is the fact of its frequent existence where there are marshy regions or jungles, where the ground is constantly wet, malaria being also added to this cause. Thus, where the disease most frequently arises, we observe constant exposure of the subject to wet and cold, and the exhalations of malaria. However this may be, the disease gradually extends, until the mass attains an enormous bulk, as you observe in the present case.

Upon close examination, we find marked changes in the component parts of the skin. The scarf skin is thickened, but not so much as the deeper layer, which is remarkably altered in character. You notice that the skin is apparently horny, that its surface is rugose, fissured, and thickened, and that it has lost in a marked degree its sensibility. The rete mucosum we find to be thinned by the pressure, but its changes are by no means as marked as in the epidermis. In the true skin there is a great increase in the papillæ, and later in the disease enormous thickening occurs. The subcutaneous connective tissue is indurated, and its cells become distended with a peculiar substance, so that it has lost its softness. The muscles become attenuated, weakened, and by microscopic examination it is discovered that many of the fibres have undergone fatty degeneration. So far as we know, the periosteum and the bony structures preserve their natural condition. The arteries and veins are more or less hypertrophied in their walls, and increased in calibre; hence, they carry more blood to the parts, and favor the increase in structural development.

But greater changes occur in the lymphatic vessels or absorbents, normally constituting, as you know, a part of the component elements of the skin and connective tissue. Indeed, it is supposed, by some, that the disease consists essentially in a disorder of the lymphatic vessels, or the lymphatics and the veins, the affection beginning by the formation of deposits on the outside of the vessels, producing induration and diminution of size. There is a plastic deposit of lymphoid cells, which ultimately causes obstruction, so that the lymph cannot pass along the vessels and return from the extremity. Many of the veins also seem to be clogged up by this deposit, the effect being noticed more particularly in the small veins. The nerves are generally flattened by pressure, and are sometimes enlarged. As to the changes in the nervous fibrillæ, there is no uniformity, and dissection thus far has failed to throw any light upon the subject.

The increase in the size and weight of the limb is largely due to an effusion of plasma, especially in the cutis and connective tissue, in consequence of inflammation, subsequently becoming, by its partial organization, an integral and permanent part of these structures.

Now, what shall be done for the relief of this affection? This is a serious question for the patient. Looking upon it as an inflammation, commencing in, or affecting, primarily, the absorbents or small vessels, and ultimately invading every tissue except the bones and ligaments, we might think that this indicated the usefulness of antiphlogistic remedies, or such as we are in the habit of employing in ordinary cases of inflammation. Such applications, in truth, as the solution of muriate of ammonium or acetate of lead might be very serviceable in the earlier stages of the affection. The application of a bandage over the diseased part is found to be of great advantage, making firm and equable pressure, thus encouraging the absorption of the effused fluids. Dilute tincture of iodine may be painted over the affected area in cases of this kind, and I should expect great benefit from the use of very dilute biniodide of mercury ointment, rubbed upon the affected parts several times in the twenty-four hours.

But whatever remedy is employed, it should be aided by a judicious use of the bandage. You are well aware that when persistent pressure is made with it, a properly applied bandage becomes a powerful sorbefacient. In the treatment of inflammation of the mammary gland, or in orchitis, pressure by adhesive strips is of striking service, and in ordinary cases of inflammation of the lower extremity, attended with an effusion of plasma, it is constantly used with great advantage.

For the earlier stages, I should recommend this systematic compression above all other treatment. Then I should rely upon sorbefacient remedies, small doses of calomel or other preparations of mercury, with the local applications already suggested, and in a certain proportion of cases should expect to obtain good results. The treatment that we use in the tertiary form of syphilis, the mixture of iodide of potassium with bichloride of mercury, which is a valuable alterative, I might also resort to with the expectation of greatly benefiting my patient.

In 1851, Dr. Carnochan, of New York, ligated

the femoral artery for the first time, for the relief of this affection, with the idea of cutting off the supply of blood from the affected parts, and reducing the nutritive changes in the skin. This operation has been repeated in this and other countries, but so far as my observation extends, there has not been a single case in which the operation has been permanently successful. And, indeed, how could it be successful? the anastomosing vessels in the limb must soon reëstablish the circulation. We find, as you well know, in ligation of the femoral artery, for aneurism or other causes, that in a very hours the heat of the distal portion of the limb is higher than it was before the operation, showing increased activity in the circulation. This operation cannot, therefore, be supposed to be productive of more than temporary good when performed for the relief of elephantiasis. Rather more than a year ago Dr. Thomas G. Morton, one of the surgeons of the Pennsylvania Hospital, cut boldly down upon the sciatic nerve, which he found enlarged and thickened, and excised a portion of its trunk, with the view of so affecting the nutrition of the parts below as to lead to a reduction in the size of the limb. The wound readily healed. After the expiration of about two months, the patient having been seized with inflammation of the lungs, he became greatly emaciated, and the adipose tissues over the entire body underwent reduction. There was a great diminution in the size of the affected limb. The man subsequently died, if I mistake not, of pulmonary trouble. There was some loss of sensation and motion after the excision of the nerve, but much less than would be expected; certainly nothing to affect or detract from the success, should this be brought about. From the gravity of the affection the operation seems to be perfectly justifiable, if it can be shown, by future experience, to check the disease.

In a case like this, ordinary means are out of the question; nothing can be accomplished with them; therefore, a desperate remedy might be justified. Amputation would appear to be warranted, and has been performed in cases where the disease was confined to one lower extremity.

We notice that the other leg is slowly affected in some patients, but in the vast majority of cases the disease is confined to one side. When the disease becomes stationary, or has attained a high degree of development, it is much less likely to yield to local treatment.

When referring to the treatment of elephantiasis, I should have mentioned the fact that Dr. Addinell Hewson, of this city, in a case at the Pennsylvania Hospital, obtained very good results from the application of dry earth, applied by a Scultetus bandage. I subsequently saw the case, at his invitation, and observed that the earth treatment caused the softening of the epidermis, so that it peeled off in large flakes; it undoubtedly produced temporary benefit, combined, as it was, with pressure by a tight bandage and absolute rest in bed.

Phagedenic Chancre.

This patient, a colored man, aged twenty-four, contracted this sore upon his penis, from connection with a white woman. You notice that a considerable portion of the head of the penis is destroyed; the remainder is indurated, and the seat of a large excavated ulcer, covered by patches of spoiled lymph, and discharging thick pus; there is no bubo. As far as I can see there are no secondary symptoms; the skin is not invaded. This is a hard chancre, and it is very surprising to me, considering the duration of the case, that there are no buboes or evident constitutional symptoms. There is no mystery about this case; it is simply a venereal sore, the result of impure connection. The diagnosis between epithelioma and chancre is sometimes attended by difficulty, but there can be no question about it here.

What shall be the treatment? You notice that the ulcer is excavated and disinclined to heal. I would recommend that the penis be bathed three or four times a day, in a tin cup containing warm water, in which a little table salt has been dissolved. In the intervals it may be enveloped in an elm poultice, wet with a weak solution of acetate of lead. The sore should be touched twice daily with a solution of nitrate of silver, fifteen grains to the ounce. In the next place we shall put him upon—

R.	Hydrarg. chlorid. mitis,	gr.j
	Pulv. opii,	gr. ½
	Extract. hyoscyami,	gr.j
	Antimonii et potassii tartrat.,	gr. $\frac{1}{12}$ M.

In a pill, to be taken every five hours, as an alterant and a depressant, to be continued until there is slight ptyalism.

Attention should also be paid to his diet, which should be restricted to plain, simple food. For the present he should remain in bed; the penis elevated, on the same principle that we keep a finger elevated when it is the seat of a felon. The local treatment of warm water impregnated with common salt will serve as a detergent and stimulant, while the emollient poultice will favor the granulating process.

This is a bad sore, but, what is worse, he will be sure to have his constitution invaded. The period has passed by for the appearance of the ordinary secondary symptoms, but he will be sure to have tertiary symptoms, sooner or later.

Constitutional Syphilis in its Tertiary Form. Multiple Ulcers of the Extremities.

Mrs. Ann B., twenty-eight years of age, married nine years. I wish to call your attention to this woman's foot. You notice that along the whole inner surface, around the ankle, especially toward the heel and on the sole, there are a number of ulcers, covered with white or gray lymph; some are circular and some ovoidal, but they all have elevated edges, as if cut out with a punch. The discharge is thin, sanious and ichorous, not of the nature of

healthy pus. She says she has pain at night—please notice this point—and it is worse in wet weather. There is some disease of the right foot also, and an eruption upon the arm, which became affected after the foot. There are ulcers on the outer aspect of the arm, smaller than those on the lower extremities, but of the same general character. She has no alopecia.

The disease has been in the foot for eighteen months; at first it was papular, but subsequently became ulcerated.

You anticipate me in saying that this affection is specific in character; a case of tertiary syphilis, manifesting itself in the form of indolent ulcers on the skin.

Ulceration of the skin is very common in the tertiary form of syphilis; so also is destruction of mucous membrane, particularly the lining membrane of the nose, throat, and larynx. The skin and mucous membranes, the cartilages, the synovial membranes of the larger joints, even the bones, are not secure from its invasion. In the secondary form we have mucous tubercles in the tonsils, pharynx, soft palate, or lips, associated with a papular or erythematous eruption and iritis. These rupial ulcers belong to the tertiary stage. I have not inquired into the early history of this case; I have not asked how she contracted this disease, whether from her husband or some other person, for it is not necessary for me to know how it was acquired. The disease speaks for itself. There is no doubt, whatever, that these ulcers are of a specific character, and I shall treat them accordingly.

There is one point in the diagnosis to which especial attention should always be paid; it is *the aggravation of the pain at night, in syphilitic affections.* This is the rule. When a person is laboring under the constitutional form of syphilis, no matter in what portion of the body the disease manifests itself, he always suffers more at night, and in moist or damp states of the atmosphere. Why this is so we cannot explain, but such is the fact.

This woman came here a week ago, and has certainly improved under the following prescription:—

℞. Potass iodid., gr.x
Hydrarg. bichlorid., gr.$\frac{1}{10}$
Syr. zingiberis, f.℥ss
Aquæ, ad f.℥ss. M.

Sig.—Taken three times in the twenty-four hours. As a local application she may use—

℞. Liq. hydrarg. nitratis, f.℥j
Aquæ destil., f.℥iss. M.

Pure nitrate of mercury is entirely too strong for ordinary purposes.

Under this treatment the nocturnal pains have decreased, and her appetite and general condition have sensibly improved. This shall be continued, but the ulcers shall now be touched with a weak solution of nitrate of silver, and afterward covered with cotton wadding saturated with a solution of nitrate of lead, ten grains to the ounce of water. The diet shall be restricted, and the bowels kept open.

The iodide of potassium forms a valuable alterative in this combination, which is one that I constantly use. There are three iodides which we may consider as specific in the treatment of syphilis, at least, as far as the temporary effects are concerned; they are the iodides of sodium, ammonium, and potassium. Their properties and alterant effects are about equal; the dose is the same, about ten grains three times a day, given in solution, made pleasant by the addition of syrup of orange peel, or something of this kind. In addition, I am in the habit of ordering a small portion of bichloride of mercury, to aid the alterant effect. You may say, as chemists, that these salts are incompatible, but experience tells me that the *tertium quid* is quite as good as the original articles. The stomach is a chemical laboratory, and doubtless chemical changes occur in most of our remedies, which, however, does not interfere with their effectiveness, but may, on the contrary, increase it in a manner that we do not understand.

Cystic Tumor of the Face.

This woman, forty years of age, has a small growth upon her chin, under the left angle of the mouth, which, she states, has existed for seven years. It is without pain, and there is no discoloration of the skin.

It is sometimes difficult to decide as to the exact nature of a tumor previous to removal, and in very many cases you cannot be absolutely certain of your diagnosis.

This seems very much like a sebaceous cyst. It is not an abscess, and it is too superficial to be an enlarged lymphatic gland. I think it is a sebaceous tumor, but on introducing the knife I find that I was in error. It is a cyst, but simple and not sebaceous. I shall have to dissect out this growth very carefully. If the smallest portion of the secreting surface be left behind it would be sure to determine its reproduction. The wound is closed with a single suture.

This cyst felt very hard. It had none of the characteristics of a lipoma, or fatty tumor, but all the appearances of a sebaceous cyst, and was well calculated to deceive. The stitch will be retained for three or four days, at the end of which time it may be removed. We must caution our patient to avoid cold, and to be very careful, or she may get erysipelas, which may follow the most trifling operation. A man may die from the bite of a flea or a mosquito. There is always more or less danger after every operation, however slight, and patients should be warned to be very careful about exposure, both directly afterward and for a few days following.

Sinus Following Syphilitic Abscess.

This young man, twenty-six years of age, was before you a few weeks ago, on account of several ulcers on the lower part of the abdomen, and on both the inner and upper sides of the thigh, with

sinuses extending as far up as the pubic bone. Whether this bone is really affected or not I am unable to say, but it does not feel particularly rough to the probe.

Last February, he tells us, this abscess was lanced, and it now appears evident that it was produced by the softening of a gummy deposit. The sinus extends up behind the urethra. I will now lay it open, as far as I dare, and dilate the rest with a sponge tent, to keep the parts from contracting, and make the sinus granulate from the bottom. He is on the ordinary specific treatment.

Fissure of Anus.

This man has a fissure of the anus. This affection is of interest, from the amount of pain which accompanies an apparently insignificant lesion. By this name we do not mean a fissure or crack at the side of the anus, which is what is implied by the term anal fissure, but an ulcer, generally situated just inside of the anus, in the grasp of the sphincter muscle. It is interesting, not only from its insignificant size, position, shape and depth, but also from the great discomfort it occasions. It generally appears on the posterior wall, toward the sacrum, but is sometimes in front or at the side. The pain occasioned by it is so great, and continues so long after defecation, that the sufferer goes to the water-closet with reluctance, as he expects to suffer torture, and puts off the act as long as possible. Constipation naturally results. The pain continues from six to fifteen hours afterward, or even during the whole twenty-four hours, and renders the patient utterly wretched, and worthless for any occupation, during this period. It completely unnerves and unmans him by the anguish it causes.

The disease is not specific; it is not cancerous, nor scrofulous in its character, but a simple superficial ulcer, appearing without any appreciable cause. It may come on at any period of life; it occurs in either sex, but more often in the male than in the female.

There are several modes of examination. It is immaterial whether the finger or the speculum is used, for the history of the case is generally sufficient to show its nature.

In regard to the treatment, Boyer, who wrote a treatise on surgery, in eleven volumes, and who flourished in the early part of the present century, was the first to call this sore by the name of fissure of the anus. The operation he recommended was the division of the sphincter muscles, thus placing the parts in repose and allowing the fissure to heal. The constant contraction of these muscles keeps the wound open and renders astringent applications of no value. I was formerly in the habit of scarifying the ulcer with the bistoury, making a slight effect upon the muscles; but during the last fifteen years I have depended solely upon stretching the sphincters. This procedure temporarily paralyzes the muscles and allows the ulcer to heal under ordinary applications. Dipping both thumbs in oil they are carried into the anus and the parts thoroughly stretched. As the operation is very painful an anæsthetic is required.

[The patient returned a week later and stated that his bowels had been moved daily since the operation, and that the motions had been absolutely without pain]

Scirrhus of Breast.

Mrs. W. was before you at the last clinic, for cancer of the breast in the stage of ulceration, and she has returned to-day for operation. I shall be obliged to remove a considerable portion of the integument, and perhaps part of the pectoral muscle. You should never unnecessarily sacrifice tissue, but must, nevertheless, remove, as completely as possible, all the diseased portion. A large incision, as you know, must heal by the granulating process, while one that admits of approximation of the edges may close by first intention.

Having administered chloroform, the breast shall be included between two elliptical incisions. We do not stop to tie the arteries, as they are divided, but simply compress them with the fingers until the gland is removed. The incision is extended toward the axilla, so as to reach any enlarged lymphatics affected in the same manner as the mammary gland itself. We do not dissect the glands from the adipose tissue in the deeper parts of the axilla with the point of the knife, but rely principally upon the finger nail for taking them out. The reason for this is obvious, on account of the danger of injuring the axillary vessels and nerves. The surface of the great pectoral muscle is exposed, but appears healthy. The gland is in a marked condition of cancerous infiltration. The edges of the wound will be brought together as soon as all oozing has stopped, and a compress of sweet oil shall be applied. A full anodyne shall be given at once, and the patient kept in bed for the present, with tonics and a supporting diet.

Medical Societies.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

FIRST DAY.

The convention held its opening session at Mozart Hall, Richmond, Nov. 19th. Dr. Elisha Harris, of New York, president of the Association, called the convention to order, and introduced the Rev. Dr. Peterken, who opened the proceedings with prayer. Dr. Harris then presented Governor Holliday, of Virginia, as the presiding officer of the convention for the evening. Governor Holliday proceeded to address the Association, extending to the members, on the part of the people of Richmond and the State a hearty and cordial welcome to the hospitalities of the city. In conclusion, he said—

Coming from every section of our common country, bringing your learning and culture,

your experience and earnestness, you will imbibe that gentleness and affection that are the very genius of unity, and when you go to your homes, wherever they may be, you will carry with you that feeling of fellowship that is stronger than political or sectional bonds. Here, in this beautiful city, which was lately the heart of convulsion; here, where honest, fearless men and women strove even unto death; here, where suffering of warfare was endured that will never be known till the great future, when all hearts will be revealed; here, where prayers were offered that need not be blotted even by the tears of the recording angel; here you have come together, from North, South, East and West, as one brotherhood, to show by your words and deeds how peace hath its victories no less renowned than war, and how we can, by the divine instincts of our nature, make our Republic one, and what she ought to be—the mother of a mighty race.

Professor J. L. Cabell, M.D., of the University of Virginia, followed Governor Holliday, introducing the president of the association, Dr. Elisha Harris, of New York.

Dr. Harris recommended that this session should bring into closer apposition in its councils still larger resources, both in membership and in methods, and in actual undertakings. He recommended, among other things, the maintenance in each State and territory of a system of periodical reports, weekly, monthly and yearly, of all epidemics and other prevalent diseases, to be approved by the State Board of Health, and where there are no such boards by resident members of the association designated for the purpose, all studies and reports to be on a method of yielding comparable results; the studies of meteorological and atmospheric conditions, with reference to epidemiology and health; the maintenance of a committee for the study of, and consultation with regard to, biological and anthropological investigations, including the contributions from the census, and other national and State systems of registration; the introduction of a clause in the constitution of this association to provide for editorial and supervisory duty in the publication and diffusion of sanitary information; a formal recognition of both national and international obligations in the work of this association by means of correspondence with State, national and international sanitary authorities, especially to conduce to the researches that are already in progress in Europe in regard to pestilential diseases and their contagia.

Regarding the yellow fever, he said: We offer no theory, we utter no dogma, but we do believe that scientific investigation can gain the mastery of this destroyer. All the States liable to be visited by yellow fever are gathering with us in council. These pestilences indicate the various deep-seated wrongs and neglects, vices and errors of the people. Whenever the human race is in such a situation as to lose its strength, courage, liberty, wisdom, lofty emotions, the plague, cholera or fever comes, not committing havoc, perpetually, but turning men to destruction, and then suddenly ceasing. As the lost father speaks to his family, and a slight epidemic to a city, so the pestilence speaks to nations, in order that a greater calamity than the untimely death of the population may be averted.

Surgeon General Woodworth then addressed the board, detailing the progress of the yellow fever in the Southern cities. The Commission, he said, will bring facts only—facts gathered by patient, careful inquiry made from city to city and from house to house. The work is not yet completed, and it will not be abandoned until all of the facts possible to be obtained are gathered, either by the present Commission or another enlarged commission, as this Association may advise or Congress direct.

Dr. Steiner, of Frederick City, followed, and Dr. Bemiss, President of the Commission, related incidents of the scourge. He said that, should any charitable people be willing to adopt orphan children they have only to address the president of the Commission to learn where there are troops of them left dependent.

SECOND DAY.

Previous to proceeding to the regular order of business the president laid before the association a letter from Governor Porter, of Tennessee, regretting being unable to attend, on account of official business, assuring the Association of his active sympathy with the noble work in which they are engaged, and extending and invitation to hold the next meeting at Nashville.

After some routine business Dr. Bemiss, president of the Yellow Fever Commission, read the regular report of the commission.

The report says that Dr. Cochran joined the chairman of the Commission in New Orleans on the 4th day of October, and Dr. Howard arrived the 6th of the same month. Nearly two weeks elapsed before the Commission was ready to take the field. The first cases which occurred in New Orleans are then discussed by the report. On the 23d of May the Emily Souder arrived at New Orleans with her purser sick at the time of her arrival. This man, whose name was Clark, was carried to Claiborne street. At this house he died, on the 25th of May. Another of the crew, by the name of Elliott, took sick May 24th, at the corner of Girard street and Front, from which place he was taken to the Hotel Dieu, May 27th, and died on the 30th. Enough was developed to render it probable that a connection, as yet untraceable, exists between the cases of Clark and Elliott and the first cases among the citizens. We obtained a sufficient amount of testimony to justify a belief that one or more cases of yellow fever had occurred in the city, probably in the month of June, under circumstances which rendered it altogether possible that they had been brought to the city by conveyances as yet unknown.

The appointment of Colonel Hardee as Sanitary Engineer, enabled the Commission to begin field work, and they left New Orleans on the

22d and 23d of October. The report then describes the routes taken by the physicians. Every point of testimony which could throw any light upon the origin of the sickness of the first cases was carefully sought for and faithfully put on record. We located the houses in which cases had occurred, until as large a number of cases had been placed upon maps as was possible to obtain in the short time allotted for the work. The sanitarian can look upon these maps and see for himself the precise location of the earliest cases of an epidemic. He can determine what influence occupation of the same locality exerts upon the spread of the disease. He can see for himself how invariably yellow fever tends to arrange itself in groups of cases, and thus observe its marked contrast with the tendency of malarial fever to occur in separate, disconnected and totally independent cases. He can also study for himself the influences of filth, bad drainage or unsanitary situations, and of elevations and depressions of surface. In respect to the sanitary condition of the towns visited, we have to report the same character of neglect and violation of laws of health common to all, or nearly all, the inland towns of the United States. These are neglect of drainage, inattention to deposits of fetid matter and refuse animal and vegetable matter, and inattention to the purity of drinking water. The violations of sanitary rules in each of these particulars are given without reserve, in respect to all the visited towns, except New Orleans.

Dr. Cochran, of the Commission, then read a paper giving a detailed account of the fever at Grenada, at which place the investigation showed the intensely infectious character of the disease. Dr. Lloyd Howard, of the Commission, read the report of his investigations at Baton Rouge. He also read several reports of investigations in towns on or near the Missis sippi. Dr. Bemiss also read reports of results of his investigations at Canton, Miss.; Port Gibson, Miss.; and Brownsville, Tenn. At the night session the president submitted the fol lowing resolution, among others, as coming from the executive committee, which body is authorized to prepare business:—

Resolved, That a committee be appointed by the President, to whom all resolutions and motions relating to proposed action by the general government of the United States shall be referred, without debate. The committee to report to the executive committee, and to consist of seven members.

Dr. Bemiss gave a detailed history of the fever at Lake, Mississippi; Yazoo city, Mississippi; Milan, Tennessee; and Vicksburg. He was followed by Dr. Cochran, also of the Commission, who gave a similar history relative to Holly Springs, Decatur and Grand Junction.

THIRD DAY.

After the usual preliminaries, Col. Hardee read his report, explaining the topography and sanitary condition of New Orleans. He stood before a map of New Orleans and pointed out the different locations to which he referred from time to time. The Colonel, in his report, said that as New Orleans is supposed to be the great central point from which radiated the recent epidemic scourge, it has been deemed that a brief description of its position and topographical surroundings would be interesting and important. There is no large city in the United States where there is so much demand for sanitary work, and where at the same time the natural disadvantages are greater than in New Orleans. The lands in the alluvial region of the Mississippi are divided into three distinct kinds, or may be classified under three distinct heads, namely: the highest or cane lands, interior or open swamp lands, and the lowest or cyprus swamp basins. The lands of the first class are found upon the banks of the rivers and the interior bayous, and are covered with a thick growth of red cane, and consequently are designated as cane lands. The lands of the second class, or the open swamp lands, commence where the cane lands cease, and extend to the edge of the lower swamp basins; and then, in order, come the cyprus basins, upon which water permanently stands.

The speaker also referred to a profile showing a cross section of the land between the banks of the Mississippi and Lake Pontchartrain, running through the heart of the city. It was shown that the high water mark in the Mississippi river was 16 feet above the main tidal level of Lake Pontchartrain. It was further shown that the intervening ridge, known as the Metairie ridge, is about 12 feet below the same high water mark; that there is a basin of low land answering the description of the second class of lands above enumerated, between the Metairie ridge and the banks of the river, which is about 14 feet below the high water of the river; also that beyond the Metairie ridge, and between it and Lake Pontchartrain, there is a belt of cyprus swamp, on nearly the same level as the water of the lake, and which was designated by Colonel Hardee as a pestilential cave around the vital parts of the city. In addition to the threatened overflow from the Mississippi river, from which the city has to be protected, the waters of Lake Pontchartrain are often raised several feet above their normal level during the prevalence of southeasterly gales, which frequently bring the waters into some of the inhabited districts of the city; therefore the city has a double protection to look out for. The present system of drainage was represented as being circumscribed, on account of embracing only about one-half of the superficial area within the city limits, or that district lying between the Metairie ridge and the banks of the river.

A great many other points in regard to the sanitary engineering of the city of New Orleans were touched upon by the speaker and illustrated by his system of maps, all to the end of showing the necessity of sanitary reform in this great southern city. The speaker also re-

ferred to the fact that although the sanitary condition of New Orleans is not such as could be desired, yet this recent epidemic of yellow fever was more virulent and prevalent to a greater extent in parts of the city that were entirely paved and well drained, than in those parts where even it was proved that garbage was thrown upon the streets, and in the immediate vicinity of lowest canals and drainage reservoirs.

Col. Hardee was followed by Dr. Choppin, President of the New Orleans Board of Health. He gave a history of the introduction of the yellow fever into New Orleans in different epidemic years, and showed that it was always imported. He contended for absolute non-intercourse with infected countries from April to November, as he was satisfied modified quarantine was not sufficient to prevent the disease. Dr. Choppin's paper was full of interesting facts and incidents, and was attentively listened to.

Dr. William G. Austin, of the New Orleans Board of Health, followed Dr. Choppin. He gave facts from the yellow fever epidemics prior to this year, going back as far as 1839. In that year it was clearly proved, by eminent men, that the disease was not of local origin, but was imported. The cause of it, like all zymotic diseases, is unknown, and instead of taxing our brains to find out what it is, we will find it more profitable to ascertain its habitat, its habits, its infectious and contagious character, its portability, and, last of all, how to prevent a repetition of epidemics. By the laws of exclusion only can we hope to prevent its introduction into our country, as well as its migratory habits after it is introduced. The doctor said we would have to acknowledge the insect hypothesis, as advocated by Lionel, Beal and others. It is killed, like insects and hot-house plants, by a temperature of 32 degrees Fahrenheit. It cannot live when the banana is cut down by the cold of winter. Hence it hibernates in the mild winters of the South, as it did in 1873, 1874 and 1875, in New Orleans, having been brought there the previous year by the ship Valparaiso. In a practice of thirty-five years in New Orleans, La., and Mississippi, he was satisfied that in not a single instance had the yellow fever originated there. It is indigenous to the tropics, and non-intercourse during the spring and summer was the only way to prevent its introduction into our country. If non-intercourse had been ordered fifty years ago the population of New Orleans would now be trebled.

Prof. Richardson, of Philadelphia, read an interesting and valuable paper on the results of his microscopic investigation of the blood of yellow fever patients, and Dr. White, of the Marine Hospital Service, read a paper on the same subject.

A very interesting paper upon the subject of "How to Study an Epidemic," was read by G. M. Hunt, M.D., of New Jersey, and one upon Sanitary Responsibility was read by J. G. Thomas, D.D., of Savannah.

After the papers had been read, the following resolutions were adopted:—

Resolved, That the several committees appointed to report on the communications made by the Yellow Fever Commission be considered, and they are hereby instructed to consider all those communications, as merely preliminary verbal statements, and not as formal reports or papers presented to the Association.

Resolved, That the chairmen of these several committees are hereby constituted a separate committee, and directed to prepare, with the least possible delay, a few brief, clear propositions with regard to the cause and best methods of prevention of yellow fever, to serve as a basis for discussion in the body of the Association.

Dr. Deering J. Roberts, of Tennessee, offered the following resolution:—

Resolved, That this Association earnestly recommend the establishment of a Chair of Public Hygiene in every medical institution in the United States.

Dr. R. W. Mitchell, of Tennessee, submitted the following, which was adopted:—

WHEREAS, There has been founded in Washington, under the direction of the Surgeon General of the United States Army, one of the most valuable medical and sanitary libraries in the world; and, whereas, there has been prepared, under the same direction, the manuscript index catalogue of this library, which if published, would more than double the practical utility of the collection, and would be of the greatest value to all medical men and sanitarians, even if the library itself were not in existence; therefore,

Resolved, That a committee of five be appointed to urge on Congress the immediate publication of this catalogue, setting forth that such publication, in the opinion of this Association, is one of the most important steps which can be taken by the general Government to promote the interest of sanitary science, and aid investigation into the causes and prevention of diseases.

FOURTH DAY.

At the morning session the Executive Committee reported that the invitation of Governor Porter, of Tennessee, for the Association to hold its next session at Nashville, had been accepted. The Association then proceeded to the election of officers for the ensuing term, with the following result:—

President, Professor J. L. Cabell, M.D., of the University of Virginia; First Vice President, Surgeon J. S. Billings, U.S.A.; Second Vice President, Samuel Choppin, M.D., of New Orleans; Treasurer, Dr. Henry B. Baker, of Michigan; Executive Committee, Dr. C. B. White, of New Orleans; Dr. T. J. Turner, U.S.N.; Dr. Ezra M. Hunt, of New Jersey; Dr. J. D. Plunkett, of Nashville; Dr. C. F. Folsom, of Mississippi, and Dr. C. N. Hewitt, of Minnesota. Secretary E. R. Janes, of New York, holds over another term.

At the evening session the executive committee reported several names for election as members of the Association, and among them Governor Carroll, of Maryland, and Mrs. Elizabeth Thompson, of New York. A committee was appointed to urge upon the special committee of Congress now engaged upon the organization of the next census the great importance of collecting certain specified facts relating to the health of the people. Several propositions were adopted, among them the following:—

That the yellow fever of 1878 was a specific disease, not indigenous to or originating spontaneously in the United States, and its appearance in this country during that year was due to specific causes; that quarantine, established with such rigor and precision as to produce absolute non-intercourse, will prevent the importation of specific causes of yellow fever; that it is the duty of the General Government to appoint a commission of experts to make a thorough investigation of the causes of yellow fever.

In the discussion of these propositions, Medical Inspector Albert L. Gihon, now stationed at Annapolis, said: I desire to put on record the experience, and opinion based on that experience, of the medical officers of the Navy, whom I am here to represent, by the authority of the Navy Department. I believe these to be the unanimous opinions of my colleagues in the Medical Corps. If there are any who dissent from them, I have never met them.

First. The yellow fever ship is always a foul ship.

Second. Foul ships, while often generating by their filth other endemic diseases, have never yellow fever *de novo*.

Third. When a foul ship visits a port where yellow fever prevails, communication with that place will cause the development of yellow fever aboard that ship.

Fourth. A clean ship may visit a port in which yellow fever is prevalent, and by rigorously abstaining from communication of any kind with that port, will escape yellow fever contamination.

Fifth. When yellow fever appears on board a vessel, the only safety for the crew is to get them out of the ship.

Sixth. The sick can also be removed from the vessel with entire impunity to those among whom they are removed.

Seventh. Nurses and attendants upon the sick with yellow fever aboard ship are not more liable than other occupants of the vessel to contract yellow fever.

Eighth. When the yellow fever appears aboard a vessel, it is possible to imprison it by battening down the hatches, carefully calking every possible outlet for emanation from the hold and lower decks, and by requiring the crew to live and sleep in the open air on the spar deck, and abstaining from using food, water, clothing, etc, which has been below.

Ninth. If this vessel is removed to a place where bad sanitary conditions prevail, and any of its contents are discharged, it will inevitably disseminate yellow fever.

Tenth. It is believed that in places to leeward currents of air from such an infected vessel will cause the appearance of yellow fever in such places.

Eleventh. Freight, food, baggage, clothing, etc., cannot be safely removed from infected vessels until they have been exposed to the prolonged continuance of extreme cold weather.

Twelfth. No vessel on which yellow fever has prevailed can be safely inhabited until after such exposure.

Thirteenth. It is believed, but not entirely demonstrated, that permeation by dry, hot air or steam will destroy the germ of yellow fever.

In conclusion, "I would state that yellow fever is due to a specific living germ—the vitality of which may be impaired or destroyed by extreme frosts, and which rapidly propagates itself when deposited in a nidus of visible or invisible filth."

The Chair appointed the following Committee on Appeal to the Medical Profession of the United States, for funds for the relief of widows and orphans of physicians who died while serving in the epidemic: Dr. Chas. N. Hewitt, Red Wing, Minn.; Dr. R. W. Mitchell, Memphis, Tenn.; Dr. Wirt Johnson, Jackson, Miss.; Dr. C. B. White, New Orleans; Dr. Stephen Smith, New York city; Dr. L. H Steiner, Frederick City, Md.; Dr. T. L. Neal, Dayton, Ohio. The post-office address of each member of the committee is given, to enable all who wish to communicate information, etc.

Dr. Snow offered the following, which was adopted.

Resolved, That the heartfelt thanks of this Association and of the whole people of the country are due to Mrs. Elizabeth Thompson, of New York, and to other philanthropic individuals and associations who, by their liberal contributions, have enabled the Yellow Fever Commission to prosecute its investigations, and also to those who have been concerned in organizing the work of the Commission, and in presenting the result of its work to this Association.

Aphasia in Children.

Dr. A. Schwarz relates, in the *Deutsche Archiv. für Klinische Medicin*, Band xx, the case of a normally developed little girl, three years old, who, during convalescence from an attack of measles, was suddenly seized with loss of speech and paralysis of the extensor muscles of the right arm. The right leg was unaffected. After a few weeks the paralysis improved, and the child learned to speak as if she had never spoken before. Considering the peculiarity of the manner in which speech was regained, Schwarz asks whether the right half of the brain did not gradually assume the functions of the left half, which had been impaired.

EDITORIAL DEPARTMENT

PERISCOPE.

Villate's Mixture in the Treatment of Sinuses.

A report from the Charity Hospital, New York, in the New York *Medical Journal*, states that several deep sinuses have recently been under treatment in the surgical service, in which no necrosed bone could be found, but which proved intractable to heal. Villate's mixture was tried, first of half strength, then of full strength. In some of the cases it proved of value, in others it failed partially or completely. The case in which it proved of most service was one of deep sinus in the neighborhood of the hip joint. The original composition of the mixture was—

R.	Liq. plumbi subacet,	℥j
	Zinci sulph. cryst.,	
	Cupri sulph. cryst.,	āā ʒss
	Aceti vini albi,	fl.ʒvjss.

The mixture was injected once a day, and proved a more satisfactory application than any other. Some patients complained of severe pain, others felt but slight inconvenience from it.

Tests of Carbolic Acid, Cresylic Acid and Creasote.

We quote the following from a paper in the *Chemist and Druggist*, by A. H. Allen, F.C S.

Pure carbolic acid takes up 26 to 27 per cent. of water to form a hydrous carbolic acid; cresylic acid will only absorb 13 to 14 per cent. It has not previously been supposed that carbolic acid would take up so much.

Action of Cold.—Absolute carbolic acid is solid at ordinary temperatures, and the hydrous substance solidifies in a freezing mixture of hydrochloric acid and crystallized sulphate of sodium. Neither absolute nor hydrous cresylic acid, nor creasote, shows any signs of freezing on exposure to the same degree of cold.

Solubility.—Carbolic acid (absolute) will dissolve in 10.7 parts of cold water, and more freely in hot water. Absolute cresylic acid dissolves in the proportion of 1 to 31. These figures are taken after allowing for the water which combines with either acid to form hydrous compounds. Carbolic acid is soluble at 60° Fahr. in an equal proportion of a solution of caustic soda 6 per cent., and it is likewise soluble in an equal volume of liquid ammonia; cresylic and creasote are insoluble in the same quantity of the former (the creasote being the least soluble), and in ammonia cresylic acid requires 16 volumes, and creasote 60 to 80 volumes.

Benzol mixes with all three in any proportion, and separates the water from the hydrous acids; benzoline (petroleum spirit) mixes with cresylic acid and creasote in all proportions, but carbolic acid will not take up more than half its volume. Price's glycerine (sp. gr. 1.258) was found to mix in all proportions with carbolic and cresylic acids, but creasote will not dissolve in it. The acids are thus distinguished. A mixture of one volume of carbolic acid with one volume of glycerine is not precipitated by the addition of three volumes of water, but a similar mixture of cresylic acid and glycerine is precipitated on the addition of two volumes of water. The addition of one drop of a 10 per cent. aqueous solution of ferric chloride to 15 cc. of an aqueous solution of cresylic or carbolic acid, causes a permanent violet-blue coloration. When creasote is similarly tested, a blue color results, which almost instantly changes to green and brownish-yellow.

The Etiology of Diabetes.

Dr. F. W. Pavy says, in a recent lecture in the *Lancet*—

I certainly incline to the opinion that some kind of textural change in the brain stands at the foundation of diabetes, and there are two ways in which the effect may be produced. The vaso-motor system exerts an influence upon the arteries, which gives them their *tonus* or keeps them in a certain state of contraction. The effect of destruction of the centres or tracts is to lead to arterial dilatation, by causing direct paralysis of the muscular coat, while that of irritation is the converse. These results are in harmony with what occurs under similar circumstances in connection with the cerebro-spinal system, and are, therefore, intelligible enough to us. Arterial dilatation, however, may be induced in another way, viz., by an action of the cerebro-spinal system controlling or inhibiting the activity of the vaso-motor system. Reference to what may be perceived in connection with the salivary glands will supply us with an illustration of the occurrence of this mode of dilatation.

While the glands are in a state of quiescence, the arteries are maintained in a comparatively contracted condition by the influence of the vaso-motor nerves they receive from the sympathetic. Now, common observation shows us that a flow of saliva, which means an antecedent dilatation of the arteries, may be excited by a stimulus applied to the surface of the tongue, and so influencing the extremities of the lingual gustatory nerve, and even by an impression starting from the brain and originating in a passing thought about food. The explanation which physiological science gives of this phenomenon is that a stimulus is transmitted from the cerebro-spinal system whi h

produces an inhibitory action upon vaso-motor centres or nerves that relaxes the muscular coat of the arteries, and thus permits dilatation to occur. This may be considered to constitute an active form of vaso-dilatation, in contra-distinction to that arising from paralysis induced by operations upon the sympathetic, which lead to a simple removal of vaso motor influence.

There being these two modes of action by which vaso-dilatation may be brought about, it may happen that diabetes may arise either from a lesion affecting and involving a loss of power in vaso-motor centres, or a lesion in some part or other of the cerebro-spinal system leading to an inhibitory influence being exerted upon them.

Inhalation of Carbolic Acid Spray in Phthisis.

At the Mount Sinai Hospital, New York city, the inhalation of carbolic acid spray in phthisis has been introduced, in order to test its efficacy. The spray was obtained from a solution holding two per cent. of the acid. The first case had fetid expectoration, with an average temperature of 102½°. The first effect of the inhalation was to increase to a marked extent the sputa, but at the same time to check the fetor. The most important effect of the inhalations was to decrease the temperature from 102½° to 101°, 100½° and 99°. In some of the cases carbolic acid acted as an irritant, giving rise to considerable spasmodic effects, and in these cases salicylic acid was substituted. The latter agent did not produce such a decided effect on the temperature, but its action on the fetor was equally marked.

Reviews and Book Notices.

BOOK NOTICES.

Habitual Drunkenness and Insane Drunkards. By John Charles Bucknill, M.D., London, F. R. S., etc. London, MacMillan & Co. Cloth, 12mo, pp. 97., xxiv. Price $1.

This volume is a reprint of a number of letters, articles and essays by the author, on subjects relating to the treatment of drunkards. The first is an address which he delivered in 1875, on inebriate asylums in America. It led to some caustic comment from specialists on this side of the water. Dr. Bucknill thought very poorly of the American Inebriate Asylums. The only one which he seems to believe was doing any really good work was the Franklin Reformatory Home in Philadelphia. Moreover, he inclines to believe that habitual drunkenness is generally a vice and not a disease; when it deserves the latter name, it must be classed and treated as a form of insanity. Regarded as a vice, it must be considered by the statesman as such, and not as a crime—a significant distinction which Dr. Bucknill further emphasizes by the antithesis which at once indicates his position. "It is not drunkenness we wish to punish, but temperance we wish to promote." He, therefore, very positively opposes the advocates of a law for locking up drunkards.

We are tempted to give extracts from his thoughtful and cogently put arguments, but the limitations of space forbid us; we can but recommend the study of these very able essays to all who are interested in these important discussions.

Contributions to Operative Surgery and Surgical Pathology. By J. M. Carnochan, M.D., formerly Professor of Surgery in the New York Medical College, etc. With illustrations drawn from nature. New York, Harper & Brothers, 1878. Parts I–V, 4to, pp. 179. Price $2.75.

Dr. Carnochan commenced the publication of this work a number of years ago, but the plates, drawings, etc., were destroyed by fire. In 1876 he recommenced the labor, and since then the five parts now before us have appeared. They are published in the most artistic style, and embrace a series of cases of the highest interest. We shall give a brief description of the contents.

Parts I and II contain an introductory address on the study of science, which also serves as explanatory of the author's scheme in presenting the cases in his work. The address is thoughtful, and is a worthy contribution to medical logic. We refer with especial pleasure to his explanation of the principle on which incomplete inductions are, in natural science, held to be sufficient to establish general laws. The surgical cases described and commented on are two of elephantiasis arabum and three of ligation of the femoral artery.

Number III describes two cases of amputation of the entire lower jaw, with remarks on the operation, and an essay on shock and collapse, the primary treatment of injuries and the time of election for capital operations after extensive lesions. This very elaborate essay is continued through parts IV and V, and is not yet concluded. It enters into the collateral subjects of the nature of the nervous fluid, of direct, indirect,

complicated and latent shock, its phenomena as modified by temperaments, diatheses, etc. The statements which are made with reference to these conditions are borne out by the details of cases from the author's own practice.

The lithographic illustrations of the work are very carefully drawn. The author expects to finish it in ten parts; but from appearances we think it will be difficult for him to embrace his scheme in this compass. It is a most creditable addition to American surgical literature, and the boldness of the author's operations cannot fail to excite for his descriptions a wide interest among surgeons.

Human Osteology, Comprising a Description of the Bones, with Delineations of the Attachments of the Muscles, the General and Microscopic Structure of Bone and its Development. By Luther Holden, F.R.C.S., etc. Fifth edition, revised by the author, with the assistance of Alban Doran, F.R.C.S. With numerous Illustrations. Philadelphia, Lindsay & Blakiston, 1878. 1 vol., cloth. 8vo, pp. 286.

This is *facile princeps* as a book on human osteology in our language. It would be difficult to imagine how the arts of explanation and representation could be more successfully applied to the subject. With these beautiful plates before him, there is no possibility of the student being at a loss to recognize every origin and insertion, every process and foramen, every notch and tuberosity. Sixty-one full-page plates, and eighty-nine figures in the text, all of them drawn with the utmost fidelity, come as near as can be taking the place of handling the bones themselves. The text is handsomely printed, and has marginal references, of great convenience in consulting the descriptions.

Diseases of the Bladder and Urethra in Women. By Alexander J. C. Skene, M.D., etc. New York, Wm. Wood & Co., 1878. pp. 374.

The author observes, in his preface, that no systematic work on the many diseases and functional anomalies of the female urethra has hitherto existed in the English tongue. This lacuna he has filled in a worthy manner, from a wide range of reading in gynecological literature, and from an extended experience in diseases of the female sex. His work is divided into eight lectures. Of these, six are occupied with diseases of the bladder, two with diseases of the urethra. Among the former are irritability, paresis and incontinence, all functional in their nature; and hemorrhage, cystitis, carcinoma, hypertrophy and atrophy, all organic. An instructive chapter on urinary analysis and exploration of the bladder as a means of diagnosis, is inserted.

The chapters on diseases of the urethra commence with its neuroses and its inflammations, the forms of acute, chronic and gonorrhœal urethritis. A careful description follows, of the neoplasms of the urethra, a most important topic, and one better treated here than in any other work we can now recall. Dilatation, dislocation and stricture are other pathological conditions of the organ which are described at sufficient length. An appendix, on extroversion of the urinary bladder, is added, and a well prepared index closes the volume.

In its manufacture it is presented with considerable luxury of paper, and is printed in old style type, making a handsome book.

Observations on Some of the Operations of Chemical Analysis; including reactions of metallic oxides, organic and inorganic acids, and poisons in organic mixtures. By J. B. R. Purnell, M.D. Baltimore, W. J. C. Dulany & Co., 1878. 8vo, pp. 138. Price $1.50.

The author presents in this work a brief description of the apparatus, reagents and processes of qualitative analysis, especially as employed in medical chemistry and in pharmacy. He does not aim to present any original researches, but rather the most available tests which his experience has recommended. The selection he has made is judicious, and as a handy book of reference on the subjects indicated by the title it deserves commendation. The proof reading is, in places, faulty, but the errors are mostly of a kind which will not be apt to lead astray.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two papers read before the N. Y. Obstetrical Society by Dr. N. J. Garrigues explain, the one, an apparatus for transfusion, the other, the condition of asphyxia in new-born children, considered from a medical and a legal standpoint. The point that the last mentioned aims to inculcate is that the child may be alive when it does not breathe, and that if only the heart beats, its life may be saved, even if spontaneous respiration does not appear for hours.

THE

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1879.

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THE INJURIOUS EFFECTS OF THE TOBACCO HABIT.

Every few years there is an outcry against the increasing use of tobacco, and a general onset along the lines is made against the smokers, chewers, snuff takers and snuff dippers. It is about time for one, and we cheerfully lend it our concurrence.

Let us look at some recent facts. In the United States alone, in the year 1875, there were raised, according to the revenue returns, *four hundred and two million* pounds (402,000,000 lbs.). Last March we were informed, by a Baltimore merchant, that in that city there was only a moderate supply of the weed ready for export, to wit, one hundred and fifty-five thousand hogsheads! A single firm in New York paid to the government, in one month, a revenue tax of $123,000. Its average monthly tax for internal revenue is over $100,000. The shipments of snuff by this house to one town in North Carolina amounts to 100 barrels a month, or 1200 barrels annually. And this is but a tithe of the snuff yearly sold by this one firm.

The quantity consumed in Great Britain is 20,000,000 pounds; in France it is 44,000,000 pounds; in Austria, 81,000,000. It is a principle source of revenue to every continental State. In 1865 Austria smoked 1,900,000,000 of cigars, nearly. Russia raises 25,000,000 pounds of tobacco for home consumption. But our own country leads all others easily in the consumption of the weed.

What is the result? It is evident in the increase of nervous and pulmonary disease, in the demand for alcohol to counteract this excessive narcotism, in the broken constitutions and exhausted offspring of these immoderate tobacco consumers. Hear a recent witness. In one of the last numbers of the *North Carolina Medical Journal* (that State in which one town uses a hundred barrels of snuff a month—how it is used, and by which sex, gallantry forbids us to explain), Dr. J. H. Hicks, of Faison, in that State tells what he has seen of its effects. He

finds it in every house, on every mantel. He says, "I think the majority of my office patients are those whose systems are shattered from an excessive use of tobacco. The effects of immoderate use of this drug are not sufficiently taught by the profession. Smoking rooms must not be made nurseries, and stomachs must not be made apothecary shops, for functional derangement caused by habits that proper professional advice would cause to be abandoned, at least, to an injurious extent. Dr. Pepper, in his excellent clinics, scarcely ever failed to impress his opinions of tobacco."

It is high time for a counterblast when unprejudiced physicians must report thus.

What is the immediate cause of the injury when the plant is smoked, is not as yet certainly known. It used to be charged to the nicotine. But Dr. O. KRAUSE has shown, by careful experiments, that the poisonous effects of tobacco smoke are not produced by nicotine, this alkaloid being decomposed during the burning of the tobacco, but are due to the carbonic oxide of the burning leaves. He found in one hundred volumes of smoke five to thirteen volumes of carbonic oxide, and nine to sixteen volumes carbonic acid (*Medicinische Neuigkeiten*, March, 1875). In chewing and "dipping," the saturated solution formed is sure to impregnate the system with all the soluble principles of the leaves.

NOTES AND COMMENTS.

The Repression of Drunkenness.

An English physician, of Manchester, Dr. A. M. Adams, wisely says, in a late address: "I believe nothing will stem the flood of intemperance until we can ameliorate the physical surroundings of the masses of our crowded cities; for, just as surely as a pestilence like cholera is engendered and spread by filthy habits, so is the moral plague of drunkenness and crime begotten by the wretchedness and squalor of the dwellings in which many of the lower classes spend their lives. It may be said, however, that it is not alone among the lower orders that these debasing habits prevail, and that among our commercial, professional, and well-to-do classes intemperance exists to a large and increasing extent. Here, then, is a field for our exertions as practitioners of medicine. We can tell these drunken men and women of the Nemesis of disease that inevitably awaits them if they continue the excessive use of stimulants; and we can use all our great influence and all the resources of our art to rescue them from the evil.

Oxide of Zinc in Diarrhœa.

The value of oxide of zinc in diarrhœa has long been known, but is apt to be overlooked. Some recent reports on the subject have been made by Dr. Tyson, of this city, and Dr. Bonamy, of Nantes. The formula which the latter uses is—

R.	Zinci oxidi,	54 grains
	Sodæ bicarb.,	7½ grains.

In four packets, one to be taken every six hours.

In all the cases which he observed oxide of zinc produced rapid cure of diarrhœa. In fourteen cases observed by Puygautier the cure was even more rapid, since in only one case were three doses of the medicine required. The results are considered to have been more satisfactory, inasmuch as in several cases the malady had endured from one to many months, and other methods of treatment had not produced any improvement. Thus he concludes that, although by no means to be held as exclusive treatment, the employment of oxide of zinc deserves to be more generally known as useful in diarrhœa.

Can One Have Typhoid Fever After Forty?

A correspondent of the *Lancet* puts these hard questions:—

Can it be seriously conceived that a man can possibly have "typhoid fever" (as people will erroneously call it) after he has passed the age of susceptibility to its influence? in other words, when he has lived so long as to have nothing of Peyer's patches left in him! The thing is physically impossible, and if, after the age of forty, cases really crop up, the time has arrived for framing another new and sounder pathology of enteric fever than the generally received one of to-day. Now, then, accepting current pathology of the subject as infallible, the question arises,

why should forty be singled out as the limited period of liability, and the succeeding years past the prime of life as the period of immunity? The reason is simple enough. It is this: Forty years is the time of life when Peyer's patches (the special seat of lesion) begin to degenerate, and enteric fever cannot touch the advanced in years, because Peyer's glands are absent in the old. *Ergo*, I am at liberty to question the diagnosis "typhoid fever" in such an individual.

On Nitrite of Amyl.

The purity of this drug was discussed before the British Pharmaceutical Society, in September, by Mr. D. B. Dott. This paper embodied the results of an examination of several samples of nitrite of amyl procured from different makers, with the view of ascertaining the degree of purity of the article in the market. The samples examined had a specific gravity varying from .864 to .876, the proper specific gravity being .877. By a single rectification they gave a yield of 6.7, 11.5, 33.3, 47.5, and 65.0 per cent. respectively, boiling at 90° to 100° C., while a sample prepared by the author in the ordinary way gave 85·0 per cent. One of the samples had an odor quite distinct from that of genuine nitrite of amyl, and produced little effect on the heart's action by the inhalation of its vapor. It will thus be seen that there is a great variation in the quality of the amyl nitrite of different makers, and that some of it is of very inferior quality. The author considers that some standard of purity less rigid than that of the Pharmacopœia ought to be adopted, as it is impossible to prepare a nitrite of amyl boiling constantly at 205° F. Indeed, there seems to be some doubt as to whether that is really the correct boiling point. The process for preparing nitrite of amyl by passing nitrous acid gas through amylic alcohol is held to be the best, being decidedly preferable to that by the direct action of nitric acid on the alcohol.

An Improved Preparation of Ergot.

Mr. A. W. Postans, F.C.S., gives the following process:—

To 20 ounces of freshly-powdered ergot packed in a percolator, the extremity of which had been closed, is added a mixture containing 10 ounces each of rectified spirit and glycerine, and 5 ounces of water, the whole allowed to macerate for a week, at the expiration of which time the percolation is proceeded with, and the subsequent displacement continued with distilled water until the drippings almost cease to have any taste or color. Eighteen ounces having been collected of the first liquid, the remainder is evaporated gently, in a water bath, to 2 ounces, and then mixed with the previous quantity, so that 20 ounces of this fluid extract exactly represent 20 ounces of freshly-powdered ergot. Several obstetricians of eminence have found this preparation highly satisfactory.

Mr. Postans remarked that the main difference between the above process and the American consists in the addition, by the U. S. Pharmacopœia, of half-an-ounce of acetic acid to each 16 ounces of liquor, thus rendering, in his opinion, an otherwise good preparation nauseous and unpalatable, as well as presenting a difficulty as to the desirability and wisdom of introducing acid into the stomach of patients.

The Use of Bael.

This East Indian astringent is growing in popularity in Great Britain. Dr. R. P. Ritchie writes of it, to the *Medical Times and Gazette*.

My experience of it has been very considerable. Having observed the good results following its administration in the adult, it occurred to me, when I joined the staff of the Edinburgh Sick Children's Hospital, in 1863, that it would be a good remedy in the catarrhal diarrhœas of children. In the chronic form of this affection I found it valuable, and in those cases which assumed the dysenteric character especially so. I give it sometimes alone, and in others in combination with sulphuric acid. In cases in which much irritability of the mucous membrane or prolapsus of the bowel is present, the addition of bismuth at the same time is advisable.

Chloride of Calcium Pills.

At a recent meeting of the Pharmaceutical Society, of this city, pills of chloride of calcium were mentioned as being very troublesome to prepare and very liable to deliquesce, in consequence of the extreme solubility of the salt. Even if well made the only remedy, if it must be dispensed in pillular form, is to coat the pill with an ethereal solution of mastic or tolu. The fused chloride should never be used, as in dissolving it, it fixes two molecules of water, and in doing so gives out the latent heat of this water.

CORRESPONDENCE.

Mixed Methods of Instruction.

ED. MED. AND SURG. REPORTER:—

I see in your issue of the 16th instant a communication from Dr. C. H. Lewis, of Jackson, in this State, which contains several errors.

The simple facts are as follows: When the Homœopathic College was first established by an act of the Legislature there were but two professors in it—one of theory and practice and one of materia medica and therapeutics. The students of that college were allowed to attend the lectures on Anatomy, Chemistry, Surgery and Obstetrics, in the regular medical college, and the professors of these four departments were required by the Board of Regents to examine these students on these four respective subjects, and certify their standing in them to the President of the University. This was all the responsibility any of the Faculty assumed, and these certificates were given under laws enacted by the authorities over them, having all the force of public statutes, and which they could not avoid obeying but by resignation and abandoning their work. After the first year a Professor of Obstetrical Therapeutics was appointed in the Homœopathic College, and the year following a homœopathic Professor of Surgery. The Professor of Surgery in the regular school was then relieved from teaching, examining and certifying to the qualifications of any of the homœopathic students.

At a meeting of the Board of Regents, in June last, the previous requirement for the professors of anatomy, of chemistry, and of obstetrics, to examine and certify to the qualifications of the homœopathic students was repealed, and it was widely published in the newspapers and medical journals of the State, and by circulars sent abroad extensively, that no member of the regular faculty was any longer required to recognize, examine or certify to any presence, condition or qualification of any student of the Homœopathic College, or to take cognizance in any way of students in exclusive or sectarian medicine.

The three members of the faculty whose lectures the homœopathic students still attend are in the same position in relation to such students as the lecturers on clinical medicine or surgery in any hospital governed by a board distinct from themselves, who sell tickets to irregular students, allowing them to attend the teaching in such hospital. This, and nothing more.

Sufficient time has not elapsed to demonstrate the full effect upon homœopathy of the establishment of its school in the University of Michigan, but judging from every present possible indication, it will be disastrous to its pretensions. The number of students in that college has diminished, while the number in the regular college has increased, and several who the present term matriculated in the Homœopathic College have transferred themselves to the College of Medicine and Surgery, while a change of opinion outside of the latter college, unfavorable to homœopathy, is too apparent to be mistaken

Ann Arbor, Mich. A. B. PALMER, M.D.

[We cheerfully admit the above, but we shall be obliged to have the correspondence on this subject cease at this point.—ED. REPORTER.]

The Germ Theory.

ED. MED. AND SURG. REPORTER:—

The question of the germ theory is now attracting the attention of some of our most scientific men. Be the theory true or false, let the question be thoroughly examined before passing judgment or coming to a definite conclusion.

If Linnæus, the father of botany, a century ago, gave this theme a thought, let us see, in our more enlightened day, whether he was correct or incorrect. It is now claimed by some advocates of the germ theory that many of our prominent prevailing diseases are caused by immense numbers of spores, such as typhoid fever, scarlatina, small-pox, measles, diphtheria, erysipelas, etc. These spores, or some variety of them, producing in the system a mechanical irritation, setting up the disease. In regard to the number and variety of these spores, they are said to be of large variety and innumerable in quantity, and capable of multiplying with great rapidity, at a given time, under favorable circumstances. Others advocate that this scientific knowledge gives them the true theory in prescribing the correct remedy or antidote. For instance, they say pseudo-membranous croup is caused by a variety of oidium albicans, called mycelium, and the remedial agent is an acid, to cure the disease. Diphtheria is caused by micrococci, and an alkaline is the remedy. Then they say that a species of spores called algæ causes scarlatina and sarracenia variola.

Besides there are an innumerable host of malarial germs. Hence it is claimed that there is an evolution in the etiology of disease, under the power and use of the microscope. Be this as it may, my opinion is that we, as practitioners, should give this important subject a fair consideration, arriving at truth by practical observation. Recently I prescribed for a female patient, aged 30 years, who has dyspepsia of several years' standing. The patient did not complain a great deal, but I noticed that her tongue was broad, pallid, with a peculiar thin white fur. Now, according to the germ theory this patient had yeast plant on the mucous membrane of the stomach. I prescribed sulphate of soda in ten grain doses, four times per day. This simple prescription in ten days benefited the patient very materially, and I noticed her tongue changed to a normal condition.

It is a well known principle that if the tongue has a broad, pallid appearance in any form of disease the system is in an acid condi-

tion, and alkalines are the remedy. And if the tongue has a red, sleek, pointed appearance, the system is said to be in an alkaline condition, and acids are the remedies. But the question is, how far will this hypothesis hold good? Take a case of erysipelas, where we uniformly find a red tongue; then the system is in an alkaline condition, and we usually prescribe the muriated tincture of iron, which is an acid. This very often cures. Again, we have diphtheria, where we generally see the pallid, white-furred tongue, and soda or potash is prescribed with success.

In conclusion, let me say that I pen these scattering thoughts for the purpose of inviting the attention of practitioners to this subject, in order that we may observe at the bedside this germ theory, and report our observation to the profession. I have often thought that if we would prescribe more to pathological conditions rather than the name of the disease, we might have better success.

JOHN A. HENNING, M.D.

Red Key, Ind., Dec. 1st, 1878.

Croup and Diphtheria.

ED. MED. AND SURG. REPORTER:—

How there could ever be any question about the difference between membranous croup and diphtheria is a puzzle to me; or how it should be dignified enough to be a question before the International Congress, which it was, and a good deal of feeling displayed on both sides, is a mystery that I cannot solve, except on the ground that genuine croup is of so infrequent occurrence that many physicians never have seen a case. In this city of 8000 inhabitants there occur two or three cases each winter, so that there are physicians here that in ten or twelve years have never seen a case. It has happened to me in the past ten days to see three cases of membranous croup, so that my attention has been directly called to it. Diphtheria is not prevailing at present, though in the seasons past we have had many cases. The diseases have no more points of similarity than typhoid fever and whooping cough. In diphtheria the membrane sometimes forms in the trachea, and the patient dies of suffocation; in croup this is *always* the manner of death; here the similarity ends.

CASE.—Called to see a child, aged seven years, on Wednesday, having a cold, hoarse, and some râles in the lungs; no fever; occasional tightness of breathing. In the night I was called up to see the child; found it had had a severe paroxysm of dyspnœa, with the peculiar metallic cough. It was soon relieved by a nauseant. There was no fever, no enlargement of the glands, no soreness, or even inflamed appearance of the throat. In an hour the child was apparently well, except a little prostration from the emetic. I was certain of the disease, however, and prognosticated death. During the day it had frequent attacks of cough, with the same ominous, brassy sound; at night the paroxysm came on after the first sleep, and was severe; then they became more frequent, and on Friday morning the breathing was very difficult, and a cyanosed condition of the skin was apparent most of the time. There were intervals of partial ease. Violent vomiting gave some relief, and shreds of membrane were thrown off. The breathing became entirely obstructed at seven o'clock, and death resulted. The other two cases were similar. The membrane was in sight in only one case. I tried all treatments that had ever been mentioned. I have seen fifty cases, and never one that recovered. It resembles diphtheria as much as a duck does a fish.

Clinton, Iowa. P. J. FARNSWORTH, M.D.

Carbolic Acid in Small-Pox.

ED. MED. AND SURG. REPORTER:—

In your issue of the 23d of November is an article on priority in the use of carbolic acid in small-pox. As many of the profession appear anxious to know all that can be learned as to its introduction in the treatment of the above named disease, allow me, through your valuable column, to express my knowledge of its use before 1871.

When in 1867–'68 I was attending my course of study in Queen's University, Kingston, Canada, Prof. Horatio Yates used the acid with good success, and highly recommended it in the treatment of small-pox.

S. C. Hillier, one of my classmates, in his thesis, on small-pox, dwelt largely on the importance of the new treatment and its value in preserving the face and skin intact. The thesis was recommended to be published, but whether it was or not, I do not know, as I came to my present location at the close of college. By referring to the London *Lancet* of 1868, vol I, p. 151, you will find a communication from Prof. H. Yates, on the use of carbolic acid in the treatment of small-pox. GEO. HENDRY, M.D.

Zilwaukis, Mich., Nov. 27th.

Stricture of the Rectum.

ED. MED. AND SURG. REPORTER:—

In reading the report of a clinic held by Dr. F. F. Maury, at the Philadelphia Hospital, volume xxxix, page 338, I see the following statement made, which I quote: "Strictures of the rectum are usually due to syphilis or cancer. The latter is more common in elderly people, while young women, in particular, who have stricture of the rectum, generally owe it to syphilis."

How does the doctor account for those cases of stricture of the rectum where no syphilitic history can be obtained, and where no manifestations of that disease (save this one) are present?

I know of a case of stricture of the rectum which is neither syphilitic nor cancerous, but the result of cicatrized dysenteric ulceration, which has now lasted during a period of four

years. The patient has never had syphilis nor venereal disease of any kind, and the duration of time the stricture has existed in this instance precludes carcinoma.

Stricture of the rectum in women may also be produced by cicatricized chancroidal ulceration, which may be caused by unnatural copulation (as mentioned in the same report, page 338), or the pus of a chancroid situated upon some part of the genitals may find its way into the rectum. During my term of service as house surgeon in the several wards of Charity Hospital, New York, I have met with cases originating in that manner.

A number of these cases of rectal stricture, the result of chancroidal cicatrization, were published a few years ago by Dr. Erskine Mason, of New York, in the *American Journal of the Medical Sciences*.

G. O. MORRISON-FISET, M.D.,
Late Examining Physician at Bellevue Hospital, New York. Three Rivers, Quebec, Canada.

NEWS AND MISCELLANY.

Bulletin of the Public Health, Issued by the Surgeon General United States Marine Hospital Service, for the Week ended November 23d.

YELLOW FEVER IN THE MISSISSIPPI VALLEY.—Advices to the close of November 22d show the following number of new cases of yellow fever and deaths for the week ended on that day. There were 20 deaths in New Orleans, 2 deaths in Vicksburg and 2 in the adjacent country, 3 at Delta, Miss., 8 cases and 4 deaths at Mobile. The last case reported in Morgan City, La., occurred November 19th, the last death November 15th. During the two weeks ended November 22d, there were 4 new cases of yellow fever and 2 deaths at Decatur, Ala., 33 deaths at Memphis, and 2 deaths at Cairo, Ill. The last case at Cairo occurred October 28th, and the last death November 15th.

It is advised that during the coming winter all the rooms of every dwelling in the cities and towns which have suffered from yellow fever should be opened to the outer air for a sufficient length of time to subject them to a freezing temperature. Carpets, bedding, clothing, trunks, etc., should be exposed to the open air, and to a temperature below the freezing point. Unless this is done, sporadic cases may be anticipated when the warm weather returns, from yellow fever poison, which is liable to survive the winter in dwellings which are kept continuously at an elevated temperature.

Governmental Relief in Epidemics.

The Secretary of War, in his last report, has the following interesting passage:—

In addition to the issue of rations, as shown by the report of the Commissary General, tents were issued as a loan, as follows:—

August 15th. 1000 common tents to Memphis.

August 20th. 200 common tents to Vicksburg.

August 21st. 200 common tents to Grenada.

August 24th. 300 common tents to Memphis.

September 7th. 25 common tents to Natchez.

September 21st. 1 hospital tent to Donaldsonville.

September 21st. 70 common tents to Chattanooga.

Also a small supply of medicines was issued to Grenada. I respectfully recommend that a joint resolution be passed by Congress, approving and legalizing these issues.

I would recommend to Congress the careful consideration of the question whether such emergencies in the future may not be provided for by law, by conferring authority to act upon the President. If it be practicable, the law should be so framed as never to leave an executive officer under the necessity of acting outside of the statutes.

In this connection I have further to report that, by means raised from private contributors, the steamer John M. Chambers was chartered, loaded with supplies and medicines for the relief of the sufferers, and sent from St. Louis down the Mississippi river, upon her voyage of charity. A request having been made for an officer of the army to command the expedition, First Lieutenant Hiram H. Benner, of the Eighteenth Infantry, and Second Lieutenant Charles S. Hall, of the Thirteenth Infantry, volunteered for that hazardous duty, and in its performance the former lost his life, having died of yellow fever, at Vicksburg, on the 17th day of October last.

Lieutenant Benner was a man of high character and a young officer of uncommon merit. He leaves a widow and two infant children; and it is respectfully submitted that Congress should, without delay, take such action as will recognize and give proper expression to the nation's gratitude for the self-sacrificing heroism which characterized his conduct and led to the sacrifice of his life. I earnestly recommend the passage of an act granting a pension to his widow.

The National Quarantine.

A New York letter in a leading daily, says—

The proposition to establish a national quarantine, which the President is reported in this morning's despatches as prepared to recommend, and which Southern members of Congress are understood to be urging with all their might, will be resolutely opposed by the delegation from this city, and, it is believed, by all the Atlantic ports. The reasoning is that New Orleans and other ports that have been desolated by pestilence ought to exert themselves to bring their municipal arrangements into conformity with sanitary laws before asking Congress to establish a national quarantine. Furthermore, it is urged that this is simply placing the cart before the horse, as it would be better to see what virtue there is in clean streets and a

thorough system of drainage before coming to the conclusion that disease is imported from other countries. The theory upon which the bill rests—the yellow fever is an exotic, and not indigenous to the Southern Mississippi country, is by no means universally assented to. Our State and municipal quarantine arrangements here have worked so admirably during the past few years that we have been able to keep yellow fever out of the city, though it has been almost all the while, during the hot weather, at our doors, and this, too, without in any way interfering with our commerce, or creating panic or uneasiness even among the people. For these, among other reasons, all our Commercial Exchanges will petition against the bill, and it is known that at least two of our city Congressmen are prepared to speak against it. At the same time, there is every disposition to extend aid to New Orleans and other ports, to enable them to undertake such municipal improvements as will conserve the health of their inhabitants and prevent pestilence from overrunning the rest of the country, but it is contended that this can be accomplished much better by private enterprise and by private capital than by Congressional appropriations.

The Brooklyn Fasting Girl.

A remarkable story is going the rounds about a girl in Brooklyn, who has been dying for thirteen years and still lives; who eats nothing and drinks less; who can read a sealed letter, and lying on her bed see what's going on at the Khyber Pass, and such stuff. Evidently the time is a long way off when the fools will all be dead.

Personal.

—Dr. A. W. Heise, who for the past three years has filled the office of physician to the Illinois State Penitentiary, with credit to the institution and himself, was lately discharged "by reason of expiration of term of service." Dr. Heise managed the medical affairs of the prison by instituting such admirable sanitary regulations that the endemic and epidemic diseases were unknown there; the average number of cases in hospital, as shown by his annual report, being only six, thirteen per cent. of these being classed as "wounds." The average number of convicts during this time has been 1700. The commissioners have appointed a "homœopath" to occupy the place of the prison physician.

—Dr. Daniel Pierson, a physician of Hancock county, Ill., was called from his bed on Saturday night, by an unknown man, to attend a case about three miles distant. He saddled his horse and started, and an hour after his lifeless body was found by the roadside, with an iron bar, the instrument of murder, lying near. Dr. Pierson was a trustee of the town of Augusta, and active in suppressing lawlessness, and it is believed he was murdered out of revenge.

—Dr. J. B. Ullersperger died on October 15th, at Munich, in the eighty-first year of his age. He was born in March, 1798, at Neuburg, on the Danube, studied at Würzburg, where he took his degree, and then began to practice at Munich. In 1826 he was appointed physician to the Duke of Leuchtenberg, but lost the post through an indiscreet revelation concerning the health of a friend of the Duke. He returned to his private practice in Munich, and quickly rose in his profession. His first contribution was on "Angina Pectoris," in 1848. Next year he published a work on "The Employment of the Saline Springs at Kissingen." In 1868 he brought out a work on fatal diseases of the brain and nerves, and next year one on diseases of the heart. In 1867 he published a pamphlet on the possibility of curing phthisis, and on "A Remedy for Hysteria, Epilepsy," etc. The same year he published a work on "The Treatment of Infants and Infantile Diseases." A work of his on "Ancient Transfusion and Infusion Compared with Modern Transfusion and Hypodermic or Subcutaneous Injections," has been translated into English. He gave considerable attention to the study of the history of medicine in Spain, and published a work upon it at Würzburg, in 1871. He received, during his long life, many marks of distinction from the Bavarian and other sovereigns, and from many universities and learned bodies. One of his essays was awarded a prize by the Medical Society of this State.

—Prof. Erasmus Wilson, F. R. S., has handed to Mr. John Dixon, C. E., a cheque for $50,000, in redemption of his munificent pledge to pay him that sum on the erection of Cleopatra's Needle on the banks of the Thames, in London.

Items.

—The Surgeon General reports the total number of deaths in the army during the year, from all causes, at 256, or about twelve in one thousand. Of these 121 died of disease, and 135 of wounds, accidents, and injuries.

—According to recently published statistics, there are more deaf mutes, idiots and lunatics in Switzerland, in proportion to the population, and fewer people afflicted with blindness, than in any other European country.

MARRIAGES.

BUSEY—CATLETT.—At Christ Church, on November 12th, 1878, by the Rev. Dr. Runcey, A. P. Busey and Miss Corinne B. Catlett, daughter of Geo. Catlett, M.D., of St. Joseph, Mo.

WALKER—GREER.—November 6th, by Rev. A. H. Parker, Thomas P. Walker, M.D., of Dunbar, Fayette county, Pa., and Mary M. Greer, near Milroy, Mifflin county, Pa.

DEATH.

LEYBURN.—October 29th, at Abingdon, Va., where, as a delegate of the Church of Lexington, Va., he was in attendance upon the sessions of the Synod of Virginia, Alfred Leyburn, M.D., in the seventy-sixth year of his age.